

REPORTS INVENTORY						CONTROL NO. DDS/OL/LSD 3			
PREPARE IN DUPLICATE									
1. TITLE OF REPORT (If a fill-in report include Form No.) LSD Statistical (Status of Funds)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING			
3. FUNCTIONAL AREA	<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING	ADMIN. GENERAL OTHER (specify)				
	<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY					
	<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE					
4. NO. OF COPIES PREPARED 3	5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly, plus Cumulative Report Semi-annually to EO/OL				6. DISTRIBUTION (No. of components not number of copies) Monthly - LSD and Branches, plus Semi-annual to EO/OL				
7. FORMAT (memorandum, form computer print-out, etc) LSD Format	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT					
	<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.		LSDI 7-2				
	<input checked="" type="checkbox"/>	NO							
10. PREPARING COMPONENT (include lowest level contributing information to report) LSD Branches (4)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Branch Work Sheets					
12. COST FACTORS									
A. MANUAL PREPARATION AND REVIEW COSTS									
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR
(SEE ATTACHED SHEET)									
B. COSTS OF COMPUTER PRODUCED REPORTS									
257 TOTAL COSTS PER YEAR								1139.65	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Development of sagacious and prudent reporting designed to support and further expand sound management of Division and overall Logistics affairs.									
14. FUTURE GOALS									
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS			
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)			MAN-HOURS	DOLLARS		
<input type="checkbox"/>	CHANGE		This report will eliminate the quarterly preparation.			63	\$284.91		
<input type="checkbox"/>	DISCONTINUE						XXXXXX		
16. DATE OF INVENTORY 9 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Reports Officer, LSD/OL					18. EXTENSION		

STAT

- - - - -

6 1 6 3 2	+
1 2 9 1 2	+
3 7 8 0	+
1 6 9 4 4	+
3 6 0 0	+
6 2 7 6	+
5 4 4 8	+
3 3 7 3	+
	+
1 1 3 9,6 5	T

~~SECRET~~ *[Handwritten signature]*